



U.S. Department  
of Veterans Affairs

## Fact Sheet

Office of Public Affairs  
Media Relations

Washington, DC 20420  
(202) 461-7600  
[www.va.gov](http://www.va.gov)

### **Veterans Day Progress Report: Veterans Access, Choice, and Accountability Act 2014**

President Obama signed into law the [Veterans Access, Choice, and Accountability Act of 2014](#) (Public Law 113-146) (VACAA) on August 7, 2014. Technical revisions to VACAA were made on September 26, 2014, when the President signed into law the Department of Veterans Affairs Expiring Authorities Act of 2014 (Public Law 113-175).

The Department of Veterans Affairs' (VA) goal is to provide timely, high-quality health care for Veterans. The Department's focus and priority is on efficient and effective implementation of this highly complex law. The legislation included requirements to implement 21 program modifications or expansions, 1 entirely new benefit program, complete 3 required assessments, and to produce 12 reports.

VA has been making progress along the path to implementation. In addition to implementing the Choice Program, VA's actions on these requirements to date include the following:

#### **Increasing Access and Program Expansions:**

- Section 101: VA announced that in partnership with two health care companies, it has begun implementing the Choice Program to provide eligible Veterans nonVA care. VA also published an Interim Final Rule in the Federal Register to define and authorize the Choice Program. The Choice Program is a new, temporary benefit allowing eligible Veterans to receive health care in their communities from eligible non-VA providers, rather than waiting for a VA appointment or traveling to a VA facility. The rule defines a number of parameters of the Choice Program including: establishing the scope of the Choice Program, aligning VA's existing copayment rates with those for the Choice Program, defining eligibility criteria for Veterans, and explaining the process for authorizing non-VA care under the Choice Program.
- Section 104: VA extended the Project Access Received Closer to Home ([Project ARCH](#)) pilot program to continue to provide expanded access to health care for eligible Veterans in rural areas. In accordance with law, Project ARCH is currently being piloted in Veterans Integrated Service Networks: 1, 6, 15, 18, and 19.

- Section 204: Representatives from VA's Office of Rural Health, Office of Policy and Planning, Office of Information and Technology, Veterans Health Administration Operations, VA field staff, and others are developing standardized requirements for Mobile Medical Centers and mobile health operations.
- Section 402: VA has begun collaborating with Department of Defense Health Affairs to discuss the implementation of section 402 of VACAA. Section 402 authorized VA to provide Military Sexual Trauma-related health care services to active duty Servicemembers without a referral from TRICARE or a military treatment facility. This collaboration will require continued and close collaboration between VA and DoD.
- Section 501: VA extended the national Assisted Living Pilot Program for Veterans with Traumatic Brain Injury (AL-TBI). The legal authority for this pilot program was set to expire in October 2014, and has been extended through October 6, 2017. The AL-TBI pilot program provides comprehensive rehabilitation care and services in a residential setting for eligible Veterans.
- Section 601 and 602: VACAA authorized VA to enter into 27 Major Facility Leases. VA's Office of Construction & Facilities Management (CFM) has begun work on seven of the lease projects as "Phase 1" and resumed two additional projects that had been on hold pending Congressional authorization. The remainder of the projects will follow in three subsequent phases.
- Section 701: VA expanded the eligibility criteria for the Marine Gunnery Sergeant John David Fry Scholarship (Fry Scholarship) to include the surviving spouses of Servicemembers who died in the line of duty after September 10, 2001. VA began [accepting applications](#) by mail for the Fry Scholarship under the newly expanded eligibility criteria on November 3, 2014.
- Section 702: VA has sent letters to all state Governors informing them that, as required by VACAA, VA will disapprove programs of education under the Post9/11 GI Bill and Montgomery GI Bill at a public institution of higher learning if the school charges qualifying Veterans and dependents tuition and fees in excess of the rate for resident students. This change is effective for terms beginning after July 1, 2015.

#### **Additional Actions, Collaborations, and Business Process Improvements:**

- Section 201: On October 2, 2014, VA announced it had awarded the [MITRE Corporation](#), a not-for-profit company that operates multiple federally funded research and development centers, a contract to support the independent assessments of VA health care processes that were required by law. These independent assessments will provide the Department a way to transparently review vital programs, organizations, and business practices to make VA more

accountable to Veterans. The MITRE Corporation, in partnership with CMS Alliance to Modernize Healthcare, will serve as program integrator and will report the results of the independent assessments to VA, the Committee on Veterans' Affairs of the Senate, the Committee on Veterans' Affairs of the House of Representatives, and the separate Commission on Care created by VACAA within 60 days of conclusion.

- Section 203: VA signed a Memorandum of Agreement with the Northern Virginia Technology Council (NVTC) to establish a pro-bono technology task force. On October 30, 2014, NVTC provided VA and Congress a report on opportunities to improve the scheduling of medical exams. VA is evaluating the recommendations and is in the process of assessing those that are "feasible, advisable, and cost-effective" for implementation.
- Section 205: VA has reviewed 88,000 fiscal year 2014 employee performance plans. Upon review, 13,000 plans were modified to remove scheduling and wait time metrics or goals. In accordance with VACAA, these factors have been removed from inclusion in employee performance evaluations and when calculating whether to pay performance awards. VA will continue to review and modify employee performance plans for future years.
- Section 206: VA has begun to post wait time data, which reflects VA's ability to schedule an appointment within 30 days of the date a Veteran wishes to be seen or the date determined medically necessary by their physician. This new wait time standard will be applied to determine a Veteran's eligibility to elect to receive non-VA care through the Choice Program. In keeping with the commitment to improve transparency in the Department's processes, VA has provided ongoing facility level patient access data updates since June 9, 2014. The latest update further increases transparency by expanding nationwide patient access data releases to include updates at the Community-Based Outpatient Clinics level. The data are updated on a regular basis and are available at <http://www.va.gov/health/access-audit.asp>.
- Section 209: VA revised Human Resources handbook 5021 to include provisions related to penalties for employees who falsify data regarding access to care or quality measures. The policy has been updated to list, "Willfully submitting or directing others to submit false data concerning wait times for health care or quality measures related to health care," as an offense related to falsification. The explicit inclusion of the terminology "wait times" and "quality measures" will reinforce the expectation of the Department that no employee shall manipulate or falsify data regarding wait times or quality measures.

Caring for our Nation's Veterans, their Survivors, and dependents continues to be the guiding mission of VA. We are enhancing our health care system and improving service delivery to better serve Veterans and set the course for long-term excellence and reform. VA has made significant progress in various areas of the legislation, but more work remains to expand timely access to high-quality health care for Veterans.

Again, the Department's focus and priority is on the efficient and effective implementation of this highly complex law. As we work to meet the requirements of VACAA, you can follow our progress at [www.va.gov/opa/choiceact](http://www.va.gov/opa/choiceact).